

FORM PTO-1449 (modified)
To: U.S. Department of Commerce
(PW FORM PAT-1449)
Patent and Trademark Office

Attorney Docket No.: 2545-0463

Applicant: DRINI, Fulvio et al.

Appln. S.N.: New Application

Filing Date: January 13, 2005

Examiner: Unknown

Group Art Unit: Unknown

Information Disclosure Statement by Applicant

Date: January 13, 2005

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U.S. PATENT DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	BR	4,564,139	01/1986	Reil			
	CR	4,754,917	07/1988	Gordon et al.			
	DR	5,143,281	09/1992	Mainz et al.			
	ER	5,234,160	08/1993	Lisiecki			
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS

English Abstract

Translation Readily Available

		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No
	OR	2526829	01/1976	Germany	Reitstötter et al.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

	YR	European Search Report dated November 17, 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner:

Date Considered:

***EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.